

**AUTHORIZATION FOR
 ELECTRONIC FUNDS TRANSFER (EFT)
 FOR TAX PAYMENTS**

EFT Number	

To be assigned by Department of Revenue	
<input type="checkbox"/> Set Up Account <input type="checkbox"/> Modify Account <input type="checkbox"/> Change Bank Account Number <input type="checkbox"/> Change Bank Transit and Routing <input type="checkbox"/> Add Taxes	

Taxpayer Name	Contact Person
Mailing Address (Street Number, Apt. Number, Box Number)	FEIN or Social Security Number
	Telephone Number ()
City, State, ZIP	Fax Number ()
Email Address	

TAXES TO BE PAID BY EFT TRANSACTIONS.
 Must be completed for either ACH debit or ACH credit.
See listing of taxes and tax type codes on reverse side

TAX TYPE	TAX TYPE CODE	YOUR DOR ACCT #

COMPLETE SECTION 1 AND/OR 2

Section 1—ACH Debit *

ACH debit—taxpayer selects the EFT payment option on our web page or calls a toll free number

I hereby authorize the Colorado Department of Revenue (DOR), to initiate debit entries to my account and the financial institution (FI) named below, to debit the same to such account. This authority is to remain in full force and effect until DOR and FI have received written notification from me of its termination in such time and in such manner as to afford DOR and FI a reasonable time to act on it. The use of an EFT identification number and password will be required to convey my instructions for each transaction. The EFT identification number and password may be used by me or by my agent.

Bank Account Number	Transit/Routing Number (See reverse)	Type of Account <input type="checkbox"/> Saving <input type="checkbox"/> Checking	Kind of Account <input type="checkbox"/> Business <input type="checkbox"/> Consumer	Name on Account (Not Name of Bank)
Authorized Signature		Title	Date	

***A voided check for the financial institution account indicated above MUST accompany this application.**

Section 2—ACH Credit

ACH credit—taxpayer initiates through own financial institution.
 I have contacted my financial institution and confirmed the financial institution can initiate Automated Clearing House credit transactions that meet Colorado Department of Revenue (DOR) requirements. For verification, DOR may contact:

Name of Bank	Bank Contact Person	Telephone Number
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I hereby request DOR grant authority for the above named taxpayer to initiate Automated Clearing House credit transactions to DOR's bank account. I understand these must be in the NACHA CCD+ format using the Tax Payment (TXP) Convention and may only be initiated for the tax types that have been registered for EFT payments with DOR.

Authorized Signature	Title	Date
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Please return application to: Colorado Department of Revenue, CDO Research, 1375 Sherman Street, Denver CO 80261
 or fax to (303) 866-3112

